

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
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| 6 | 1 | | | | | |
| 7 | 1 | | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
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| TOTAL IND. | 6 | | 1 | | 1 | |
| TOTAL DEP. | 12 | | 1 | | 1 | |
| TOTAL CLAIMS | 18 | | 2 | | 2 | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | 1 | | 1 | |
| TOTAL DEP. | | | 1 | | 1 | |
| TOTAL CLAIMS | | | 2 | | 2 | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS